



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E315785

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE # 14-00646

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK

DATE OF COLLISION 03 - 19 - 2014 TIME (2400) 1249 COUNTY # 31 MILES N S E W IN OF 0664 CITY #

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐  
STATE ROUTE 204 BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)  
LUNDEEN PARKWAY

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4257504270

LAST NAME FRANKLIN FIRST NAME PAUL MIDDLE INITIAL D

STREET NEW ADDRESS 1701 PUGET DRIVE

CITY EVERETT ST WA ZIP 98203

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # FRANKPD3400T STATE WA SEX M D.O.B. MDDYYYY 09 - 30 - 1966

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AJR0741 STATE WA VIN# 2HKRL18562H002040

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2002 MAKE HOND MODEL ODYSSE STYLE VN VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # ALLSTATE 964273580

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4253223135

LAST NAME COFFEY FIRST NAME KODY MIDDLE INITIAL J

STREET NEW ADDRESS 306 82ND DRIVE SE

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # COFFEKJ044CK STATE WA SEX U D.O.B. MDDYYYY 02 - 12 - 1996

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 989ZLT STATE WA VIN# 4E3CT64U8ME087118

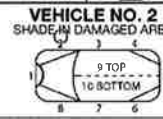
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1991 MAKE EGIL MODEL TALON STYLE 3D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. BRUCE COFFEY 306 82ND DRIVE NE LAKE STEVENS WA 98258 D: 4253223135

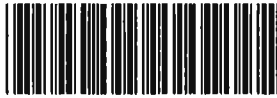
LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # GEICO 432063163

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # CHARGE OFFICER'S NAME (PRINT) R. RUTHERFORD BADGE OR ID # 130 AGENCY WA0311900





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. E315785

CASE #

14-00646

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		FRANKLIN COLLEEN																
ADDRESS & PHONE #		3701 PUGET DRIVE EVERETT WA 98203																
SEX		F		D.O.B. MMDDYYYY		03		07		1968								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 03/19/2014 at about 1250 hours, I was dispatched to a non-injury and non-blocking 2 vehicle collision south of Lundeen Parkway and SR204. Upon arrival, I was contacted by a WSP Trooper who was on scene. The driver of vehicle 1 advised me that he was heading West on Market Place and was preparing to turn South on SR204. The driver of vehicle 2 told me that he was approaching SR204 from Lundeen Parkway and was going straight through the intersection onto Market Place. Vehicle 1 failed to yield the right of way by turning left in front of vehicle 2. There were no reported injuries and vehicle 1 driver arranged to have his vehicle removed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

03-21-14 03:18 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

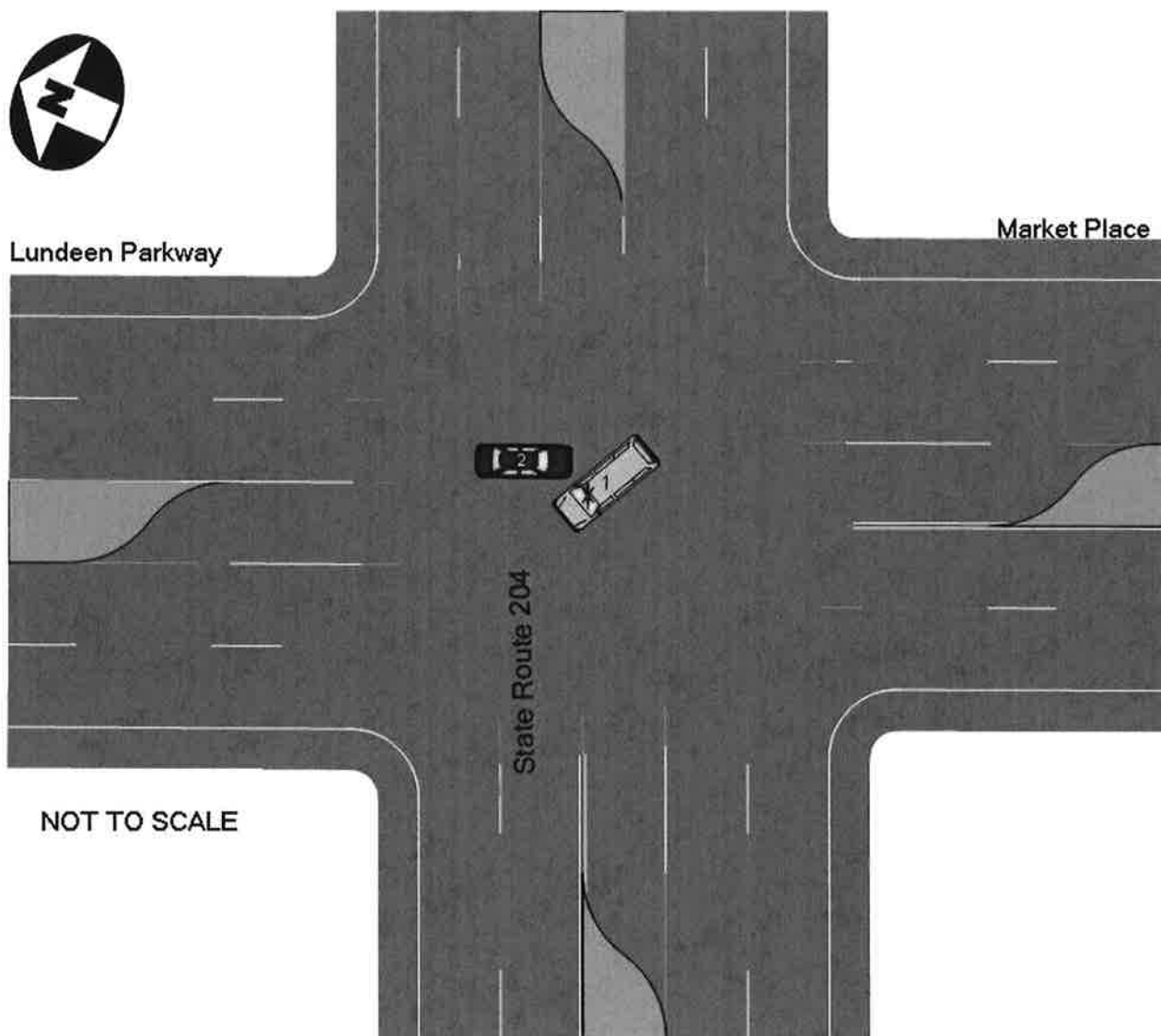
APPROVED BY

DATE

BOB SUMMERS 079

3/22/2014 4:54:47 AM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	12:50 PM	TIME POLICE ARRIVED	12:57 PM
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# WASHINGTON STATE PATROL

## Driver Statement



Paul D Franklin

9-30-66

Name

Date of Birth

1701 Puget dr

Everett WA 98203

Address

Apartment #

City, State, Zip Code

Home Phone	425-750 4270	Work Phone Cell	425 280 7726
Fax		E-mail	

Are you injured?

Yes ☒ No

Were you wearing your seatbelt?

Yes ☒ No

Is your vehicle equipped with an airbag?

Yes ☒ No

If injured, what are your injuries?

passenger

Please circle which lane were you in?

Carpool ☒ Left ☐ Center ☐ Right ☐ Left turn lane ☐ Right turn lane ☐ Two-way left turn ☐ other \_\_\_\_\_

Please circle which lane the other vehicle was in?

Carpool ☐ Left ☒ Center ☐ Right ☐ Left turn lane ☐ Right turn lane ☐ Two-way left turn ☐ other \_\_\_\_\_

### Collision Description

Describe how the collision occurred in as much detail as possible, including what you were doing prior to the collision, what street you were on and the other vehicles location/actions.

I was taking a left at the intersection of Lunden parkway and Hwy 204 the left was clear and a car came at excessive speed and hit my Right passenger side slider door and part of my right side passenger door. My path was clear and the other driver entered the intersection at excessive speed and hit me

\* Passenger side hurts arm and side of back

Please complete other side

INSURANCE  
MUSPATE

964 273580

ORIGINAL

What do you think was the cause of this collision?

The other driver entered the intersection at excessive speed and collided with my vehicle

Please list the full names, dates of birth, addresses, phone numbers and seat positions of **all your passengers only:**

7	4	1
8	5	2
9	6	3

DRIVER →

Name	Date of Birth	Address (include city & zip)	Phone #	Seat Position
Dolleen Franklin	3/7/68	1701 Puget Dr Everett 98203	425 780 4270	3

Complete this section only if a Hit and Run Collision occurred

License # \_\_\_\_\_ State \_\_\_\_\_ Type of car \_\_\_\_\_ Model \_\_\_\_\_

Number of doors \_\_\_\_\_ Color of vehicle \_\_\_\_\_

Location of damage on running vehicle \_\_\_\_\_

Description of driver: (male or female, hair color, length, clothing, race, glasses, approximate age, etc):

Passenger(s): Male or Female Description and approx. age Female 46

I certify under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct (RCW 9A.72.085)

Paul J Franklin  
Driver Signature

3/19/14  
Date

Snohomish County, Washington  
Location

Statement Taken By

14-00646



# WASHINGTON STATE PATROL

## Driver Statement



Name Kody Jazzy Coffey Date of Birth 02/12/1996

Address 306 82nd Dr SE Apartment #  City, State, Zip Code Lake Stevens WA 98258

Home Phone <u>425-322-3135</u>	Work Phone <u>425-791-1553 206-448-3008</u>
Fax <u></u>	E-mail <u>Coffey Kody240@gmail.com</u>

Are you injured? Yes ☒ No ☐ Were you wearing your seatbelt? Yes ☒ No ☐

Is your vehicle equipped with an airbag? Yes ☒ No ☐

If injured, what are your injuries?

Please circle which lane were you in?

Carpool Left ☒ Center ☐ Right ☐ Left turn lane ☐ Right turn lane ☐ Two-way left turn ☐ other

Please circle which lane the other vehicle was in?

Carpool Left ☐ Center ☐ Right ☒ Left turn lane ☐ Right turn lane ☐ Two-way left turn ☐ other

### Collision Description

Describe how the collision occurred in as much detail as possible, including what you were doing prior to the collision, what street you were on and the other vehicles location/actions:

I was going through the intersection across 204  
Heading towards haggens, and the honda van  
hesitated and went. Therefore I slammed on  
my breaks also my horn. There was Nothing  
I could have done to get out of the way  
of the vehicle That turned right in front of  
my movement

Insurance  
4326063163  
5723114

LSPD  
ORIGINAL

Please complete other side

What do you think was the cause of this collision?

The vehicle hesitant to turn, then turning last second.

Please list the full names, dates of birth, addresses, phone numbers and seat positions of **all your passengers only:**

7	4	1
8	5	2
9	6	3

DRIVER

Name	Date of Birth	Address (include city & zip)	Phone #	Seat Position
Kody Coffey	02/12/96	306 82nd Dr SE <sup>98258</sup> <del>LAKE STEVEN</del>	425 791 1553	Driver

Complete this section only if a Hit and Run Collision occurred

License # \_\_\_\_\_ State \_\_\_\_\_ Type of car \_\_\_\_\_ Model \_\_\_\_\_

Number of doors \_\_\_\_\_ Color of vehicle \_\_\_\_\_

Location of damage on running vehicle \_\_\_\_\_

Description of driver: (male or female, hair color, length, clothing, race, glasses, approximate age, etc):  
\_\_\_\_\_

Passenger(s): Male or Female Description and approx. age \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct (RCW 9A.72.085)

Kody Coffey  
Driver Signature

3-19-14  
Date

Snohomish County, Washington  
Location

\_\_\_\_\_  
Statement Taken By

Incident History for: #SS14005206

Case Numbers: \$SS14000646

Entered 03/19/14 12:49:59 BY SPCT05 SP0285

Dispatched 03/19/14 12:50:11 BY SPDP17 SP0213

Enroute 03/19/14 12:50:11

Onscene 03/19/14 12:57:51

Closed 03/19/14 13:31:25

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST

Src: T

Loc: LUNDEEN PARK WY/SR 204 ,LKS (V)

Loc Info:

Name: WSP

Addr:

Phone:

/1249 (SP0285) ENTRY ,AC, 2 VEH NON INJ, NON BLKING, SIL VAN VS BLU P  
C  
/1250 (SP0213) DISPER 19D1 #SS75 CHRISTENSEN, OFCR (CHAD)  
#SS130 RUTHERFORD, OFCR (RICH)  
/1257 ONSCNE 19D1  
/1300 (SS75 ) REMINQ 19D1 MDTVEH, 989ZLT, , WA, , , , , , , , , ,  
/1300 REMINQ 19D1 MDTVEH, AJR0741, , WA, , , , , , , , , ,  
/1308 (SP0213) ASNCAS 19D1 \$SS14000646  
/1331 CLEAR 19D1 D/H  
/1331 CLOSE 19D1

LSPD  
ORIGINAL